

17157 U.S. PTO
012904

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		Attorney Docket No. B0410/7273D1	
		First Inventor	Robert L. Cafferata
		Title	SYSTEMS AND METHODS FOR TREATING ISCHEMIA
		Express Mail Label No.	EV340040289US

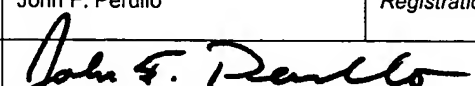
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>30</u>] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u>]</p> <p>5. Oath or Declaration [Total Sheets <u>1</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>check for \$856.00</u></p>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/ 159,834
Prior application information: Examiner Jacqueline F. Stephens Art Unit: 3761

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
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Name (Print/Type)	John F. Perullo	Registration No. (Attorney/Agent)	39,498
Signature		Date	January 29, 2004

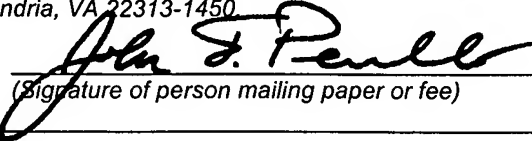
This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT
ATTORNEY'S DOCKET NO.: B0410/7273D1

Express Mail mailing label number EV340040289US Date of Deposit: January 29, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

John F. Perullo
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SIR:

TRANSMITTED HERewith FOR FILING IS A PATENT APPLICATION OF:

INVENTOR(S): ROBERT L. CAFFERATA

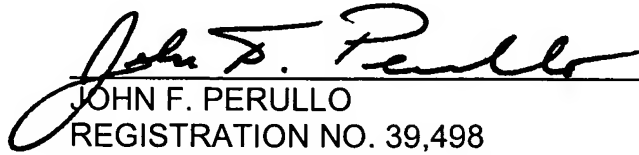
FOR: SYSTEMS AND METHODS FOR TREATING ISCHEMIA

ENCLOSED ARE:

- [XX] UTILITY PATENT APPLICATION TRANSMITTAL
- [XX] APPLICATION DATA SHEET
- [XX] PRELIMINARY AMENDMENT
- [XX] A SPECIFICATION AND CLAIMS INCLUDING 30 PAGES
- [XX] COPY OF DECLARATION AND POWER OF ATTORNEY
(FROM PARENT APPLICATION 09/159,834)
- [XX] FOUR (4) SHEETS OF FORMAL DRAWINGS (FIGS.1-7)
- [XX] INFORMATION DISCLOSURE STATEMENT AND PTO FORM 1449, IN DUPLICATE)

FOR	NUMBER FILED		CLAIMS AS FILED NUMBER EXTRA	RATE	BASIC FEE
					\$770.00
TOTAL CLAIMS	14	-20	0	X \$18.00	\$ 0.00
INDEPENDENT CLAIMS	4	-3	1	X \$86.00	\$ 86.00
				TOTAL FILING FEE	\$856.00

- [XX] A CHECK IN THE AMOUNT OF \$856.00 TO COVER THE FILING FEE IS ENCLOSED.
- [] PLEASE CHARGE OUR DEPOSIT ACCOUNT NO. 50-1721 IN THE AMOUNT OF \$_____. A DUPLICATE COPY OF THIS SHEET IS ENCLOSED.
- [XX] THE COMMISSIONER IS HEREBY AUTHORIZED TO CHARGE ANY ADDITIONAL FEES WHICH MAY BE REQUIRED, OR CREDIT ANY OVERPAYMENT TO ACCOUNT NO. 50-1721. A DUPLICATE COPY OF THIS SHEET IS ENCLOSED.


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DATE: JANUARY 29, 2004